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ofestion of information unless it displays a valid CMB control numbe **Application Number** 10/887,499 POWER OF ATTORNEY Filing Date 16/64/2006 98 **First Named Inventor** Anders Johansson REVOCATION OF POWER OF ATTORNEY Title Or, WITH A NEW POWER OF ATTORNEY Art Unit 2768 AND Examinar Name Singhist, Josef F CHANGE OF CORRESPONDENCE ADDRESS Attorney Doctor Number 1891-1326 I haraby ravoke all pravious powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. 23570 I hereby appoint Practitioner(s) appociated with the following Customer Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Parent and Trademark Office connected merewith: OR I hereby appoint Practitioner(e) named below and my/our attorney(s) or agent(e) to prosecute the application identified above, and to transact all business in the United States Palent s nd Trademark Office connected therewith: Registration Number Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to The address associated with the above-mentioned Customer Number. 23570 The address associated with Customer Number Individual Name Address City State Zio Country Telephone Smail Faot the Applicant/Inventor OR Assigned of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Farm PTO/3B/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Date 25/02/2011 Name Anders Johansson Telephone +46 13 3272700 CEO, BioOptico AB Title and Company MOVE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Bubmit motople forms if more than one signature is required, see below". forms are submitted. 1 1888 of tuning are submissed.

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